



IAP15 Rec'd PCT/PTO 08 JUN 2006  
PCT

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL**

Date of Deposit:

June 6, 2006

Applicant:

Thomas Nosker, et al.

Attorney Docket No.:

P26,788-A-USA

Application No.:

10/563,883

Title:

Use of Recycled Plastics for Structural Building Forms

**ENCLOSED DOCUMENTS**

- 1) Reply to Notification of Missing Requirements (2 pages);
- 2) A copy of the Notification of Missing Requirements (2 pages);
- 3) Declaration and Power of Attorney for Patent Application (4 pages);
- 4) Added Page to Combined Declaration and Power of Attorney for Signing by Legal Representative on Behalf of Deceased (1 page);
- 5) A copy of Executor Short Certificate (1 page);
- 6) A copy of Death Certificate (1 page);
- 7) PTO 2038 Credit Card Form (1 page);
- 8) An acknowledgement postcard. Please date stamp and return to us as soon as possible (1 postcard); and,
- 9) This First Class Mail Certificate (1 page).

**CERTIFICATE OF MAILING**

I hereby certify that the Reply to Notification of Missing Requirements, along with the supporting documents is being deposited with the United States Postal Service as

First Class Mail in an envelope addressed to:

United States Patent and Trademark Office

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Name : Brendalee Staufenberg, Paralegal

Brendalee Staufenberg  
Signature

Date of Signature : June 6, 2006



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Thomas Nosker, et al.** Confirmation No.: **7021**  
Application No.: **10/563,883** Examiner: **To be assigned**  
I.A. Filing Date: **July 21, 2003** Group Art Unit: **To be assigned**  
For: **USE OF RECYCLED PLASTICS FOR STRUCTURAL  
BUILDING FORMS**

Attorney Docket No.: **P26,788-A-USA**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First-Class Mail, postage prepaid, in an envelope addressed to: Mail Stop Missing Parts Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 6, 2006.

Dated: June 6, 2006

Brendalee Staufenberg  
Brendalee Staufenberg

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REPLY TO NOTIFICATION OF MISSING REQUIREMENTS**  
**UNDER 35 U.S.C. §371**

Sir:

In response to the Notification of Missing Requirements mailed May 2, 2006,  
enclosed are the following:

1) A copy of the Declaration and Power of Attorney, consisting of five (5) pages,  
signed by the inventors/legal representative on behalf of Richard Renfree a deceased inventor.  
In addition, enclosed is a copy of an Executor Short Certificate, along with a copy of the  
Death Certificate regarding Richard Renfree. Attorney for Applicant states that the above  
referenced application filed with the U.S. Patent and Trademark Office on January 9, 2006  
(with an I.A. Filing Date of July 21, 2003) is the application that the inventors/legal  
representative on behalf of Richard Renfree a deceased inventor executed by signing the  
attached declaration.

2) PTO Form 2038 in the amount of \$65.00 to cover the surcharge for the late filing of a Declaration.

3) Copy of the Notification of Missing Requirements Under 35 U.S.C. §371.

Kindly have these forms made a part of Applicants' file. The Commissioner is authorized to charge any additional fees to Applicants' Deposit Account No. 19-5425 therefor.

Dated: June 6, 2006

Respectfully submitted,

Sarah Klosek  
Sarah Klosek (Reg. No. 55,332)

Synnestvedt Lechner & Woodbridge, LLP  
P.O. Box 592  
Princeton, NJ 08542-0592

Tel (609) 924-3773  
Fax (609) 924-1811

06/13/2006 MKAYPAGH 00000137 10563883

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65.00 DP



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/563,883	Thomas Nosker	P26,788-A USA

INTERNATIONAL APPLICATION NO.
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PCT/US03/22893

23307  
SYNNESTVEDT & LECHNER, LLP  
2600 ARAMARK TOWER  
1101 MARKET STREET  
PHILADELPHIA, PA 191072950

ENTERED ON COMPUTER

7-2-06

I.A. FILING DATE	PRIORITY DATE
07/21/2003	07/08/2003

CONFIRMATION NO. 7021

371 FORMALITIES LETTER



\*OC000000018655220\*

Date Mailed: 05/02/2006

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Indication of Small Entity Status
- Copy of the International Application filed on 01/09/2006
- Copy of the International Search Report filed on 01/09/2006
- Copy of IPE Report filed on 01/09/2006
- Information Disclosure Statements filed on 01/09/2006
- Copy of references cited in ISR filed on 01/09/2006
- U.S. Basic National Fees filed on 01/09/2006
- Priority Documents filed on 01/09/2006

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

## SUMMARY OF FEES DUE:

Total additional fees required for this application is \$65 for a Small Entity:

RECEIVED
MAY 08 2006
SYNNESTVEDT & LECHNER
ATTN: PDB/SK

- \$65 Surcharge.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

MAMIE P PERSON

Telephone: (703) 308-9140 EXT 227

**PART 1 - ATTORNEY/APPLICANT COPY**

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/563,883	PCT/US03/22893	P26,788-A USA

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Application of:  
**Nosker et al.**

Examiner: N/A

Application No: **10/563,883**

Group Art Unit: N/A

Filed: **9 Jan 2006**

For: **USE OF RECYCLED PLASTICS FOR STRUCTURAL BUILDING FORMS**

Application Docket No. **P26,788-A USA**

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR  
SIGNING BY LEGAL REPRESENTATIVE ON BEHALF OF DECEASED  
INVENTOR (37 CFR § 1.42)**

I, Maryann Renfree, hereby declare that I am a citizen of United States of America, residing at 211 Katherine Street, Scotch Plains, NJ 07076, and that I am executing and signing the declaration to which this is attached as the executor(trix) of the last will and testament of:

Richard Renfree

Full name of (first) deceased inventor

United States of America

Country of citizenship of deceased inventor

211 Katherine Street, Scotch Plains, NJ 07076

Former residence of deceased inventor

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 5/5/06

Maryann Renfree  
Executor (trix)

**State of New Jersey**  
**Union County Surrogate's Court**

In the Matter of the Estate of:

**RICHARD W. RENFREE (Married), Deceased**



**EXECUTOR SHORT  
CERTIFICATE**

I, James S. LaCorte, Surrogate do hereby certify that the Last Will of the above named decedent, late of the County of Union and State of New Jersey, was admitted to Probate by the Surrogate of Union County, on MAY 03 2004 and that Letters Testamentary were issued to:

**MARYANN RENFREE**

the Executor named therein.

She is duly authorized to take upon herself the administration of the estate of said testator agreeably to the said Will, and said Letters Testamentary have never been revoked and still remain in full force and effect.

WITNESS my hand and seal of office, this  
3rd day of May, 2004

**James S. LaCorte**  
Surrogate & Deputy Clerk of Superior Court of NJ  
Chancery Division, Probate Part, Union County

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES  
CERTIFICATE OF DEATH

STATE FILE NO. 00042843

Time of Death  
3:47 PM

Date of Death  
4/20

Name of Decedent as Known by Physician  
Renfree, Richard

FOR STATE  
USE ONLY

Place of  
Accident

Place of  
Death

Received  
for Limb

Record  
Contains  
Amendment

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY MEDICAL CERTIFIER

1. Legal Name of Decedent (First, Middle, Last) Richard W. Renfree		2. Sex M		3. Social Security Number 154-44-8445	
4. Age-Last Birthday 50 Years		5. Date of Birth 03/22/1954		6. Place of Birth Manhattan, N.Y.	
7. Residence-State NJ		8. County Union		9. Municipality Scotch Plains	
10. Street and Number 211 Katherine Street		11. Apartment -		12. Zip Code 07076	
13. Ever in US Armed Forces? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		14. Name of Spouse Maryann Hart		15. Date of Marriage -	
16. Name of Informant Maryann Renfree		17. Relationship to Decedent Wife		18. Name of Informant -	
19. Mailing Address (Street and Number, City, State, Zip Code) 211 Katherine Street-Scotch Plains, NJ 07076		20. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):			
21. Place of Disposition (Name of cemetery, crematory, other place) Rosehill Crematory		22. Location-City, Town and State Linden, NJ			
23. Name and Complete Address of Funeral Facility Rossi Funeral Home Inc 1937 Westfield Ave Scotch Plains NJ 07076					
24. Signature of Funeral Director Bernard M. Rossi					
25. NJ License Number #3620					
26. Decedent Education Highest degree or level of school completed at time of death: <input type="checkbox"/> Grade 8-12: no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, no degree <input type="checkbox"/> Associate degree (AA, AS) <input type="checkbox"/> Bachelor's degree (BA, BS) <input type="checkbox"/> Master's degree (MA, MS, MEd, MDiv) <input checked="" type="checkbox"/> Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)		27. Decedent of Hispanic Origin? Check one or more boxes that best describe decedent's ancestry: <input type="checkbox"/> Spanish/Hispanic/Latino <input checked="" type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican/Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify):		28. Decedent Race - Check one or more boxes to indicate what race the decedent considers himself/herself to be: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> English or other (Specify): <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): <input type="checkbox"/> Other (Specify):	
29. Occupation of Decedent (Type of work done most of life, even if retired) Research Prof. Dept. Ceramics & Materials Eng.					
30. Kind of Business/Industry Science					
31. Name and Address of Last Employer Rutgers University-Piscataway, NJ					
ITEMS 26-30 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH					
32. Signature of Person Pronouncing Death (other than Decedent)		33. License Number		34. Date Signed (Month, Day, Year)	
35. Date of Death 04/20/04		36. Time of Death 3:47 PM		37. Was Death Examined? (Physician) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. PLACE OF DEATH (Check one box) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify):					
39. Facility Name (If not institution, give street and number) Compositional Care P.R.V.H.					
40. City New Brunswick					
41. County Middlesex					
42. CAUSE OF DEATH: 35a. PART I - Immediate Cause - Enter chain of events in sequence, or other causal chain that directly caused death. DO NOT abbreviate. Enter only one cause per line. Add additional lines if necessary. Metastatic Lung Cancer Due to (or as a consequence of) ... 35b. PART II - Enter other significant conditions contributing to death. Add additional lines if necessary. 2 mos					
36. Was an Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
37. Were Autopsy Findings Available to Complete Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
38. Date of Injury (Month, Day, Year)		39. Time of Injury		40. Place of Injury (e.g., home, street, work, etc.)	
41. Location of Injury (Number and Street, Zip Code)		42. Municipality		43. County	
44. Describe How Injury Occurred		45. If Transportation involved: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):			
46. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Accident <input type="checkbox"/> Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		47. Did Decedent Have Diseases? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		48. Was Decedent Pregnant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
49. If pregnant, was pregnancy complicated by death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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100. If pregnant, was pregnancy complicated by death? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Name, Address and Zip Code of Certifier  
Thomas A. Carter MD 100 L ... Albany + New Brunswick